

# Parm Bains

Member of Parliament  
Steveston – Richmond East



## Consent to Disclose Personal Information

Constituency Office  
230-11331 Coppersmith Way  
Richmond, BC V7A 5J9  
Tel: 604-257-2900  
Mon-Fri 10:00 AM – 4:00 PM

I consent to allow the agency to which this was sent to release my personal information to Member of Parliament Parm Bains, or authorized personnel of his constituency office of Steveston – Richmond East.

**I understand and acknowledge that this exchange of information and/or inquiry may reveal sensitive, private, and otherwise confidential information.**

I further consent to allow the authorized personnel of the Steveston – Richmond East constituency office to use my personal information at their discretion to assist my case.

Name:
Date of Birth (MM/DD/YYYY):
Address:
Primary Phone Number:
Email:
Would you like to receive emails from Parm Bains OR be added to the mailing list?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

x \_\_\_\_\_ Date: \_\_\_\_\_

Constituent Signature

ID: \_\_\_\_\_ Photocopied:

If your inquiry refers to one of the following agencies or departments, additional forms are to be completed.

Department of Immigration, Refugee and Citizenship Canada:

Are you an authorized/designate on the file? Yes No  
If NO: Fill out Form IMM5476 – Use of a representative  
If YES: Complete IRCC Request Form

Canada Revenue Agency:

If inquiry is related to the CRA, then complete form: RCA161 E (13) – Authorization for Parliamentarians

Canadian Border Services Agency:

If inquiry is related to the CBSA, then complete form: BSF745 E – Authority to Release Personal Information to a Designated Representative

## Ministerial Inquiry Request Form

### Applicant:

#### Required Information

1. Name(s):
  2. DOB:
  3. Type of Application:
  4. UCI Number:
- Or
5. Application Number:

If the applicant is from outside of Canada and therefore unable to fill out this form, then only the sponsor may make a formal inquiry and must get the applicant to sign off on a separate consent form.

If the applicant is unable to be at the office to make the inquiry, and another person is sent to inquire on behalf of the applicant. Then the applicant must sign off on a separate consent form.

---

If available, then the following information can be helpful:

1. Date Submitted:
2. Gender:
3. Country of Birth:
4. Citizenship
5. Processing Office:

- 
- Status Check
- Reasons of Refusal
- Other: \_\_\_\_\_

Are you currently working with any of the following?

Immigration Consulting Firm

Immigration Law Firm

(Optional) If yes to any of the above, what is the name of the firm?

---

Have you or your designated representative, contacted IRCC within the last two weeks?

Yes

No